Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 03/18/2015 FCL051044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 167 SALEEN DRIVE CLARK'S FAMILY CARE HOME WILLOW SPRING, NC 27592 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report by Tommy Clifton DHSR Construction Section conducted a Biennial Survey on March 18, 2015 at the above CONSTRUCTION SECTION referenced facility. DHSR records indicate the home was first licensed on July 05, 2011 as a WAY 0 6 2015 Family Care Home for four ambulatory Residents (able to evacuate and respond without any RECEIVED physical or verbal assistance during a fire or other emergency) Based on this information, we are requiring the home to maintain compliance with the following; the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 Edition of the North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 152 C 152 Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of 5/15 all thron Rugs smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: Throw rugs were observed in the living room, All work home. heer Complete. kitchen and the exit door in the living room. C 174 C 174 Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ATE FORM

TITLE

(X6) DATE

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 03/18/2015 FCL051044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 167 SALEEN DRIVE CLARK'S FAMILY CARE HOME WILLOW SPRING, NC 27592 PROVIDER'S PLAN OF CORRECTION (XX5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 174 C 174 Continued From page 1 EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing 5/1/15- light has been replied. family care homes. This Rule is not met as evidenced by: (1) The kitchen range hood light does not work. Have a qualified person repair or replace the light in the range hood. Provide our office a copy of the receipt when the work is completed. 5/4 Both detection Lean (2) Smoke detectors located in bedroom #1 (two Bed) and hallway outside the bedrooms did not activate when tested. Have a qualified person repair or replace the smoke detectors and verify they are interconnected to all smoke detectors in the home. Provide our office a copy of the receipt when the work is completed. 5/1/8 the Vent have on mountaine work schedule once week (3) The outside dryer vent has lint in the vent and needs cleaning. Clean out the dryer vent and put it on a maintenance schedule. The gutters one clean pod on work schelule went Leaves started fall once well (4) The gutters are full of pine straw and need cleaning out. Clean out gutters and put it on a maintenance schedule.

5V6J21